



# Professional Drivers Bureau Repair Trust Fund Application

Company Name \_\_\_\_\_

President/Owner's Name \_\_\_\_\_ Title \_\_\_\_\_

Authorized Company Contact \_\_\_\_\_

Billing Address \_\_\_\_\_

City Province Postal Code

E-Mail Address \_\_\_\_\_

Phone Number & Extension \_\_\_\_\_

Fax number \_\_\_\_\_

Number of Owner Operators to participate \_\_\_\_\_

Number of Company Drivers to participate \_\_\_\_\_

## ATTENTION

Please complete the above application to register your interest in the program. Once enough responses are received that will accumulate a pool of no less than 1000 owner operators and drivers, all member carriers will be contacted. At that time, they will be asked to make a firm commitment.

Authorized Signature/Title \_\_\_\_\_

Date \_\_\_\_\_

Professional Drivers Bureau Ltd.  
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